

**STATE OF ALABAMA
REQUEST FOR VENDOR CHANGE
STATE COMPTROLLER'S OFFICE**

SSN/FEIN NUMBER _____

DEPARTMENT _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

ADDRESS CHANGE _____

NAME CHANGE _____

INCORRECT VENDOR NUMBER OR DUPLICATE RECORD/DISCONTINUE
USE OF RECORD _____

OLD NAME/ADDRESS

NEW NAME/ADDRESS

FULL NAME _____

FULL NAME _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

STATE _____

STATE _____

ZIP CODE _____

ZIP CODE _____

PLEASE CHECK

1099 REPORTABLE? YES _____

NO _____

**PLEASE FORWARD TO COMPTROLLER'S OFFICE, DATA ENTRY SECTION,
STATE HOUSE**